

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005934

STATE FILE NUMBER

AMENDED

Registration District No.

210

Primary Registration District No.

4322

Registrar's No.

9

FILED VS MAR 8 1961

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Princeton

Length of stay in lb  
20 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Highway 65

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Mercer

c. CITY OR TOWN Princeton

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Highway 65

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ormal

Frank

Williams

4. DATE OF DEATH

Month

Day

Year

3

2

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/13/1907

9. AGE (last birthday)

53

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Garage & Auto Parts

10b. KIND OF BUSINESS OR INDUSTRY  
Own Shop

11. BIRTHPLACE (City and state or country)  
Memphis -Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Edward Williams

13b. MOTHER'S MAIDEN NAME

Mattie Gordy

14. NAME OF HUSBAND OR WIFE

Ada Maude Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no none

17. INFORMANT

Address

Mrs. Ada Maude Williams; Princeton-Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
1mm.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-27 -61 to 3-2-61 and last saw him alive on 3-1-61  
Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

3-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

3/6/1961

23c. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

23d. LOCATION (City, town, or county)

Moberly; Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Martin & Azbell-Princeton/Mo.

25. DATE RECD. BY LOCAL REG

3-4-61

26. REGISTRAR'S SIGNATURE

Harold W. M.D.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~on~~ by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 5020

P. O. Address Princeton-Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.